



CERTIFICATION OF ZONING COMPLIANCE

TO: **DEPARTMENT OF MOTOR VEHICLES
DEALER SERVICES DIVISION**

From: _____

Date: _____

TOWN, CITY OR COUNTY OF

Re: _____

NAME OF BUSINESS

STREET ADDRESS

CITY

ZIP CODE

In this section the applicant shall indicate license(s) being applied for and the zoning official is asked to sign indicating proper zoning is in effect for **each** use being applied for.

Sections 46.21910, 46.2-1992.8 and 46.2-1993.8 of the Code of Virginia state in part that no license shall be issued to any **motor home or travel trailer dealer, trailer dealer, or motorcycle dealer** unless he has an established place of business, owned or leased by him, where a substantial portion of the sales activity of the business is routinely conducted which: (1) Satisfies all local zoning regulations.

The above referenced business is applying to the Department for license as a :

APPLICANT TO CHECK EACH LICENSE
BEING APPLIED FOR

ZONING OFFICIALS SIGNATURE INDICATING PROPER
ZONING APPLIES FOR EACH USE CHECKED BY APPLICANT

☐ MOTOR HOME DEALER/

TRAVEL TRAILER DEALER
(T&M DEALER)

NAME

TITLE

☐ TRAILER DEALER

NAME

TITLE

☐ MOTORCYCLE DEALER

NAME

TITLE

As the zoning official for the locality in which this business is located, I verify by my signature(s) above that the above named business is in compliance with the zoning ordinance of this locality for each use for which the applicant is applying.

This business location is further identified as Tax Map # _____, Lot # _____

of Section _____ and is zoned _____

THIS SECTION TO BE COMPLETED
BY THE APPLICANT

THIS SECTION IS TO BE COMPLETED BY THE
APPLICANT AND THE ZONING OFFICIAL

THIS SECTION IS TO BE COMPLETED
BY ZONING OFFICIAL